

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031281

1. Entity Name

LGS EXPRESS COURIER SERVICES, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90046 003 ***150.00

Principal Place of Business

78 CANAL ST
MIAMI SPRGS FL 33166
US

Mailing Address

78 CANAL ST
MIAMI SPRGS FL 33166
US

2. Principal Place of Business

8071 N.W. 54th ST

3. Mailing Address

8071 NW 54th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number 65-0741097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, CECILIO
13853 NW 21ST STREET
PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE POS
NAME SANTANA, CECILIO
STREET ADDRESS 78 CANAL ST
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE POS
NAME SANTANA, CECILIO
STREET ADDRESS 8071 NW 54th ST.
CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

TITLE PCEO
NAME LAWSON, OLGA
STREET ADDRESS 78 CANAL ST
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE PCEO
NAME LAWSON, OLGA
STREET ADDRESS 8071 NW 54th ST.
CITY-ST-ZIP MIAMI FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)